

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-049111

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 317Primary Registration District No. 548Registrar's No. 3643

STATE FILE NUMBER

FILED JAN 10 1963

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)

Webster Groves

Length of stay in 1b

YRS

c. FULL NAME OF (If NOT in hospital, give location)

Glenwood Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

St. Louis

admission)

c. CITY

OR

TOWN

Webster Groves

Inside Limits

Yes ☒ No ☐

d. STREET

(If outside, give location)

231 Papin Ave.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

William

Middle

Robert

Last

Schery

4. DATE OF DEATH

Month

Dec.

Day

12

Year

1962

5. SEX

M.

6. COLOR OR RACE

W.

7. Married

Widowed ☒

8. DATE OF BIRTH

9/7/72

9. AGE (last birthday)

90

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Attorney

10b. KIND OF BUSINESS OR INDUSTRY

So. Side Natl Bank

11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY

USA.

13a. FATHER'S NAME

William Schery

13b. MOTHER'S MAIDEN NAME

unknown

14. NAME OF HUSBAND OR WIFE

Meta S. Schery

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Meta S. Schery, 231 Papin Ave.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

acute infarct

INTERVAL BETWEEN ONSET AND DEATH

few hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

myocardial infarct

DUE TO (c)

Arterio-sclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Dec 1 1962 to 12-11-62

and last saw him alive on 12-11-62

Death occurred at

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Cremation

23b. DATE

12/14/62

23c. NAME OF CEMETERY OR CREMATORY

Oak Grove Crematory

23d. LOCATION (City, town, or county)

St. Louis County, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Parker-Alrich, Webster Groves, Mo.

25. DATE RECD. BY LOCAL REG.

12-14-62

26. REGISTRAR'S SIGNATURE

John B. Murphy, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Leslie Welch

Licensed Embalmer No. 4395

P. O. Address West Grove Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.